

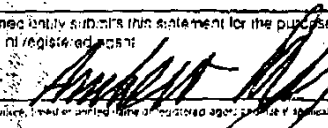
01/07/2008 11:46 305-2316995
01/07/2008 10:11 FAX 9544313481

CANNER

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 001 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N96000004421					
1. Entity Name THE STUDLEY FAMILY FOUNDATION, INC.					
Principal Place of Business 19624 PLANTERS POINT DR BOCA RATON, FL 33434			Mailing Address 19624 PLANTERS POINT DR BOCA RATON, FL 33434		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent TRAGER, ROSS 1000 N HIATUS ROAD PEMBROKE PINES, FL 33434				7. Name and Address of New Registered Agent Name ANDREW BRODY, CPA Street Address (P.O. Box Number is Not Acceptable) 6175 NW 153rd Street #401 Miami Lakes FL 33144	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.					
SIGNATURE:  1/7/2008 Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent's signature required when registering.) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  1/7/08 431-7665 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40001850



01/07/2008 Chg-NA CR2E037 (12/06)

4. FEI Number
31-1479843

Applying For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

SIGNATURE

Signature, typed or printed name of registered agent, or both, if applicable.

(NOTE: Registered Agent's signature required when registering.)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	FD	☐ Delete
NAME	STUDLEY, GARSON II	
STREET ADDRESS	19624 PLANTERS POINT DR.	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	TD	☐ Delete
NAME	STUDLEY, DONALD M	
STREET ADDRESS	19624 PLANTERS POINT DR.	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #